

Situation Overview and Humanitarian Needs

Since the start of the outbreak in December 2019, the new coronavirus (COVID-19) has spread to nearly all countries and territories.

- In Burkina Faso, the COVID-19 epidemic was officially declared by the Government on 10 March 2020, in an already deteriorated security context characterized by an ongoing humanitarian crisis with increasing population displacements.
- The [first case](#) in Burkina Faso was reported on 9 March 2020 in the capital city Ouagadougou. [By 28 May](#), 9 regions out of 13 are affected (Centre, Hauts-Bassins, Centre-Nord, Boucle du Mouhoun, Plateau-Central, Cascades, Centre-Sud, Sud-Ouest and Sahel). However, the hotspot remains Ouagadougou.
- UNICEF is providing technical support to the Risk Communication and Community Engagement (RCCE), media and communication, surveillance, diagnosis, care, and logistics/supplies sub-committees led by the Ministry of Health (MoH).
- On 27 May, the Ministry of national education, literacy and national languages promotion (MENAPLN) [announced](#) that schools will remain closed until the end of school year except for students who have national exams.
- The presence of non-state armed groups (NSAG) continues to remain a major cause of insecurity and instability in the northern and eastern part of the country.

Situation in Numbers



847 COVID-19 confirmed cases



53 deaths

5 million children affected by COVID-19 in the education sector. 20,000 schools are closed to stop the spread of COVID-19 and local transmission

UNICEF's COVID-19 response

Health

To strengthen cases management and the prevention of COVID-19, UNICEF continued to support COVID-19 response at the national and regional levels. In addition to the medical technical equipment and personal protective equipment already provided to the Ministry of Health (280 thermo flashes, 15 oxygen concentrators and 15,500 FFP2 masks), UNICEF received 69,925 overall protection kits for the rapid intervention teams and health workers at case management referral sites.

Additional equipment and materials including gloves, thermometers, goggles, diagnostic tests for laboratories and oxygen concentrators are expected to arrive by air in the next few days.

UNICEF is training community-based health workers (CBHW) on community surveillance and rapid intervention teams on active search of suspect cases. The MoH received a first donation of 75 digital tablets. To this end, the digitalization of the follow-up of contact cases through [mobile phone applications](#) installed on tablets is contributing to improve the response.

Nutrition

As part of the implementation of the guidelines for [wasting management](#) and the [promotion and support of infant and young child feeding](#) in the context of COVID-19, UNICEF in collaboration with its partners is training health workers and community actors on the prevention and control of the disease. So far, 68 health

workers and 42 out of 142 CBHWs have been trained in the health district of Barsalogo, (Centre-Nord region) by ALIMA.

Other interventions include Hand washing with water and soap, disinfection of the middle-upper arm circumference (MUAC) tapes with water-alcohol solution, and the wearing of masks are mandatory for CBHWs during the vitamin A supplementation campaign.

UNICEF and partners finalized the development of key guiding documents: the revision of the National response plan, the National WASH in nutrition strategy, and the Action plan of the technical working group of surveillance.

WASH

To support the COVID-19 response in Burkina Faso through WASH and infection prevention and control (IPC) interventions, UNICEF delivered WASH PC kits¹ to 110 health care facilities (HCF) and 250 public places (internal displaced people settlements, markets, administrative services, bus stations, detention facilities, etc.), reaching more than 150,000 people.

UNICEF provided COVID-19 prevention equipment to 19 public services. Through 5 IPC training of trainers (ToT), 145 people were trained in the Centre region which will be followed by a series of consecutive

¹ WASH IPC kit : <https://drive.google.com/file/d/1qgFWiHnMABcvtq7unaM4c9wheS-atkGN/view>

trainings in the communities on COVID awareness and prevention. So far, 531 HCF workers have been trained on IPC.

Risk Communication Community Engagement / Communication for Development

As co-chair of the RCCE commission with the MoH, UNICEF continued supporting and facilitating RCCE coordination meetings and ensures the linkage and alignment between the commission and the interagency working group on Community Engagement and accountability to Affected Population (CEAAP) within the humanitarian response coordination. UNICEF support to RCCE commission includes facilitation of training sessions and the development of a strategy for COVID-19 -related rumors management, especially in the area of immunization. UNICEF has reinforced its RCCE activities with a focus on the most affected and at-risk regions and groups.

UNICEF-led RCCE interventions, in collaboration with the regional health directorates of Sahel and Boucle du Mouhoun regions, the National volunteer programme, the MoH and *Action communautaire pour le développement* (ACD), have directly reached over 403,830 people through interpersonal communication including educational talks, group discussions and home visits. UNICEF and partners have mobilized over 2,787 CBHWs, community volunteers, students, traditional healers and journalists who are engaged in sensitization and community engagement for COVID-19 prevention and control in households, marketplaces, transport stations, churches and mosques.

With the financial support of USAID, UNICEF partnered with the National volunteers programme to [mobilize and train 500 young volunteers](#) as part of a national initiative of engaging [15,000 volunteers for the prevention of COVID-19. This was jointly supported by UNICEF and other UN agencies](#) (UNDP, UNFPA) and financial partners to sensitize families, households and communities.

UNICEF-led mass media interventions, including radio, TV programmes and jingles, have reached 6,5 million people with messages on prevention against COVID-19 and access to services. Radio and TV programmes targeting children were produced and broadcasted. Meanwhile, UNICEF continued to support the broadcasting of [COVID-19 related messages from high influential traditional and religious leaders](#) calling communities to adopt preventive measures and practices.

Furthermore, UNICEF continued strengthening adolescents and youth engagement to prevent and control the spread of the pandemic. A [poll on U-Report](#)

was sent to assess the perceptions of adolescents and young people on COVID-19 prevention measures, their information channels as well as their knowledge on the identification of false information and rumors. The result shows that over 93% of the 6,404 U-Reporters who took part to the poll adopted good practices recommended to prevent COVID-19. UNICEF will partner with the Ministry of Youth to reinforce adolescents and youth engagement in partnership with U-Reporters.

As a way forward, UNICEF will lead a social survey to assess the perceptions of people about the COVID-19 response.

Education

The education sector is deeply affected by the COVID-19. In collaboration with the Education cluster led by UNICEF, the government has set-up a routine education plan during the closure and shared a reopening protocol for schools. Three months after the national school closure, the government² has decided the reopening as per education level.

- For pre-primary and primary classes³ (CP1, CE1 and CM1), the school year is ended and validated for all, and school will resume on 1st October 2020.
- For the CP2 and CE2⁴ levels, the school year is ended and validated for all, (from CP2 to CE1; from CE2 to CM1) based on the best quarterly or half-yearly result⁵.
- For the secondary level (6th, 5th, 4th) and post-secondary (2nd, 1st)⁶, the school year is validated, and students will join the upper levels.
- Final exams for primary school (CM2) and secondary (3rd)⁷ will be organized by 14 July 2020 while the baccalaureate exam is planned in August 2020.

To mitigate the COVID-19 impact, UNICEF, through the Education by radio programme, (ERP) conducted by the *Centre Diocésain de Communication* (CDC) in Centre-Nord, Nord and Sahel regions, remains the key education service provider. So far, 94,963 children (including 49,380 girls) from displaced and most vulnerable host communities attended inclusive distance/home-based learning.

Child protection

UNICEF and partners continued to provide preventive and response services to children impacted by the COVID-19 pandemic. In terms of capacity building, UNICEF worked with the social services to identify essential equipment for sanitation and social measures against COVID-19. In this regard, hand-washing kits

² <https://lefaso.net/spip.php?article97076>

³ <http://uis.unesco.org/fr/country/bf>; Pre-primary: children 3 to 5 years old; primary classes (CP1, CP2, CE1, CE2, CM1 and CM2): Children 6 to 10 years old

⁴ CP2: 6 to 7 years old; CE2: Children of 8 to 9 years old

⁵ <https://lefaso.net/spip.php?article97076>

⁶ Secondary level (6th, 5th, 4th) and post-secondary (2nd, 1st): Children 15 to 17 years old

⁷ Primary school (CM2) and secondary: Children 11 to 15 years old

(plastic buckets, soaps) were provided and will be distributed to national child protection departments, including social departments, prisons, services of civil registration).

- 46 additional implementing partners (IP) were trained on adaptation and preventive measures to respond to the COVID-19 pandemic, including community engagement in COVID-19 response and gender-based violence (GBV) key messages. 133 people working within IPs are trained.
- 21 children from nine vulnerable households whose parents were hospitalized benefited from psychosocial support and temporary care services in the Sahel region. Those families will receive cash transfer to help them going through this difficult time.

UNICEF and partners continued to provide mental health and psychosocial support (MHPSS) services to 8,144 new children (4,232 girls) in the COVID-19 context using a mobile service approach with groups of less than 50 children, while respecting hygiene and physical distancing as per national guidelines on

Adaptations to ongoing UNICEF programmes

One of the strategic approaches is to ensure continuity of services for the most vulnerable children and families during emergencies including COVID-19. To this end, UNICEF has adapted the current implementation strategies to respond adequately to the challenges associated with the COVID-19 pandemic in education, health, WASH, communication for development (C4D) and social inclusion. Some of the adjusted interventions include public awareness on handwashing and hygiene measures for everyone and everywhere through trainings of partners, and media and community engagement. Other interventions include improved access to water and health care facilities, the development of alternative advanced strategies for the continuity of services such as door-to-door, cash transfers, etc., and advisory and precautionary measures to avoid large gatherings.

UNICEF interventions that have been adapted to COVID-19 context:

- Health and Nutrition. UNICEF prioritized the continuity of health care by strengthening the sanitary protection of medical staff by delivering IPC supplies (gloves, masks, Personal protective equipment etc.).
- WASH. UNICEF prioritized the delivery of water and hygiene supplies to HCFs located in the zones most impacted by COVID-19.
- Education. Since 16 March, all the schools are closed (more than 20,000), affecting more than 4 million students. UNICEF has put in place urgent mitigation actions, notably the scale up of the Radio education programmes at national level.
- Child protection. UNICEF continues to implement a mobile strategy to ensure psychosocial support to children deprived of child-friendly spaces.
- C4D. UNICEF and partners have integrated COVID-19 messages in ongoing social and behavior change interventions, including radio programs and activities at community level. In addition, C4D activities on COVID-19 are integrated in several sectoral programmes to raise awareness on risks and prevention.

Funding Overview and Partnerships

As of 28 May, UNICEF received US\$500,000 for COVID-19 response from USAID, US\$350,000 from UK DFID, US\$856,443 from CERF, US\$70,000 from Global Partnership for Education (GPE), US\$300,000 from Education Cannot Wait and US\$1,100,000 from DANIDA (Denmark) for activities related to C4D, health, WASH, nutrition, education, child protection, communications, supply and coordination. Additional funds are being negotiated with a range of donors.

External Media

UNICEF contributes to the efforts deployed by the national authorities in raising awareness on the epidemic. The communication team is participating to the national *Communication and media* sub-committee and supporting the development of key messages used in several audiovisual contents, including TV spots broadcast and mass media.

mitigating COVID-19. As of 29 May, children 91,911 (33,545 girls) have reached. In addition to the 897-case load reported in the last report, it is important to note that some 281 additional caseload of humanitarian workers and children and adults had access to a safe and accessible channel to report sexual exploitation and abuse.

The Child protection area of responsibility (CPAoR) group conducted an assessment investigation on the needs of children and families in the context of COVID-19. In addition, UNICEF and partners are conducting an assessment on mental health and psychosocial services delivered to children and families in the COVID-19 context. These investigations will help UNICEF to better target and respond to the specific needs of children, families and communities.

The communication team supported the visibility of the programme launched by [UNICEF and UN agencies](#) to deploy 15,000 young volunteers in charge of COVID-19 prevention, and emphasized the communication around the [Africa Day](#) concert organized to raise funds for the UNICEF and WFP response to the epidemic. UNICEF also raised awareness on the situation of children in the context of COVID-19 producing a [joint press release](#) with Niger and Mali.

UNICEF Burkina Faso highly contributed to the communication campaign launched by the UNICEF Regional Office #Covid19_Diaries featuring young people sharing their feelings in the time of the epidemic ([Nicolas, from Burkina Faso](#))

Summary of Programme Results

| Sector | UNICEF and IPs Response | |
|--|-------------------------|--------------------------|
| | 2020 target | Results achieved so far* |
| Risk Communication and Community Engagement | | |
| # people reached on COVID-19 through messaging on prevention and access to services | 5,000,000 | 6,500,000 |
| # people engaged in COVID-19 through RCCE | 2,500 | 4,007 |
| # people sharing their concerns and asking questions/clarifications for available support services to address their needs through establish feedback mechanisms | 50,000 | 18,719 |
| WASH and IPC | | |
| # people reached with critical WASH supplies (including hygiene items) and services | 120,000 | 17,330 |
| # healthcare workers in health facilities and communities provided with personal protective equipment (PPE) | 5,000 | 0 |
| # healthcare facility staff and community-based health workers trained in infection prevention and control (IPC) | 4,000 | 676 |
| Health | | |
| # children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses through UNICEF-supported community-based health workers and health facilities | 375,000 | 120,132 |
| Nutrition | | |
| # children under the age of 5 with severe acute malnutrition (SAM) admitted into therapeutic feeding programmes | 147,131 | 24,938 |
| # caregivers of children reached with infant and young child feeding (IYCF) counselling | 560,950 | 264,587 |
| Education | | |
| # children supported with inclusive distance/home-based learning | 306,540 | 94,963 |
| # children supported in schools that have implementing safe school protocols (COVID-19 prevention and control) | 306,540 | 2,580 |
| Child Protection and GBV | | |
| # children without parental or family care provided with appropriate alternative care arrangements | 500 | 21 |
| # children, parents and primary caregivers provided with community-based mental health and psychosocial support | 120,000 | 91,911 |
| # UNICEF staff and partners that have completed training on GBV risk mitigation and referrals for survivors | 2,000 | 133 |
| # children and adults having access to a safe and accessible channel to report sexual exploitation and abuse | 5,000 | 1,178 |

* Since 15 March 2020

Funding Status*

| Sector | Funding requirements US\$ | Funds available US\$ | Funding gap US\$ | Gap % |
|--|---------------------------|----------------------|---------------------|------------|
| Risk Communication and Community Engagement (RCCE) | 2,000,000 | 600,000 | 1,400,000 | 70% |
| Provision of critical medical and Water, Sanitation and Hygiene (WASH) supplies and improve Infection and Prevention Control (IPC) | 6,000,000 | 1,834,560 | 4,165,440 | 69% |
| Supporting the provision of continued access to essential health care services for women, children and vulnerable communities, including case management | 4,500,000 | 2,175,450 | 2,324,550 | 52% |
| Access to continuous education, child protection and GBV services | 4,000,000 | 280,373 | 3,719,627 | 93% |
| Data collection social science research on the secondary impacts on children and women | 850,000 | 50,000 | 800,000 | 94% |
| Coordination, technical support and operational costs | \$1,374,136 | \$0 | \$1,374,136 | 100% |
| Total | \$15,724,136 | \$4,940,383 | \$13,783,753 | 74% |

For more information

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